ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Nov. 19, 2018 Case Number: 19-39

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Roman Savicky, DVM

Premise Name: VCA Animal Referral & Emergency Center of Arizona

Premise Address: 1648 North Country Club Drive

City: Mesa State: AZ Zip Code: 85201

Telephone: (480) 898-0001

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Sherry Woods

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Cell Telephone: [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Tank

Breed/Species: Olde English Bulldogge

Age: 7 Sex: Male Color: White&Blk/Brn Brindle

PATIENT INFORMATION (2):

Name: Not applicable

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

See attached Exhibit "I".

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: November 19, 2018

Exhibit I
"Veterinarians Who Have Provided Care to Tank Woods for This Issue"

Primary Care Vetrinarian
Dr. Laura Sosnow, DVM
Phoenix Dog/Cat/Bird Hospital
3418 North 7th Avenue
Phoenix, Arizona 85009
Phone (602)274-0561

Neurologist
Dr. Kim E. Knowles, DVM, MS
Veterinary Neurological Center
4202 East Raymond Street
Phoenix, Arizona 85040
Phone (602)437-5425

Physical Therapist
Dr. Diane Paster, DVM, CCRT, CVPP, CVMA, DABVP
Bark Avenue Animal Hospital
3109 East McKellips Road, #102
Mesa, Arizona 85213
Phone (480)807-5524

Orthopedic Specialist (2nd opinion – currently caring for Tank)
Dr. Ross Lirtzman, DVM, DACVS
Arizona Canine Orthopedics and Sports Medicine
7410 East Pinnacle Peak Road, Suite 110
Scottsdale, Arizona 85255
Phone (480)998-5999

Orthopedic Specialist (3rd opinion)
Dr. William R. Linney, DVM
Desert Ark Veterinary Hospital
10865 West Indian School Road
Avondale, Arizona 85392
Phone (623)877-1088

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See attached Exhibit "II".

EXHIBIT II

""Allegations and/or Concerns RE: Tank Woods Care"

- On June 19, 2018, I took my dog, Tank Woods, to VCA Animal Referral & Emergency Center of Arizona located at 1648 North Country Club Drive, Mesa, Arizona 85201. This was after Tank's primary care veterinarian, Dr. Laura Sosnow, DVM (Phoenix Dog/Cat/Bird Hospital (3418 North 7th Avenue, Phoenix, AZ 85009, 602-274-0561) examined Tank and suspected he had torn the ACL of his left hind leg.
- Tank was taken in the back and examined by Dr. Roman Savicky, DVM who concluded that Tank tore his CCL and suggested TPLO surgery also stating that he had time that afternoon to perform the surgery. I was familiar with the TPLO surgery because Tank had the same surgery on his right hind leg in 2016 by another surgeon, Dr. William Linney. [NOTE: Dr. Linney was no longer working at the place where he performed Tank's TPLO surgery in 2016. I was informed that he had started a mobile veterinary clinic otherwise, I would have had Dr. Linney perform Tank's second TPLO surgery.]
- Dr. Savicky called me to inform me that the TPLO surgery went well and that he also removed the meniscus prophylactically so that Tank would not have issues with it later on down the road and that Tank would be spending the night and would be ready to go home the next day.
- I took Tank back for his follow-up appointments to have his stitches removed and for his follow-up x-rays; however, it seemed that there was never hardly any improvement in Tank's leg from the surgery. He was starting to put some weight on the leg but it appeared like there was some other issue was going on. The best way I could describe it was that the bottom half of his leg curved out. In addition to the lameness, the x-rays revealed the bone was not healing.
- At my appointment with Dr. Savicky on August 29, 2018, he stated that he was puzzled and said that Tank was still walking, as he would expect 2 weeks after surgery and not 10 weeks after surgery. He suggested that I make an appointment with a neurologist to rule out anything neurologically that may be going on with Tank that could be causing issues with his leg. He also suggested that I get Tank started with physical therapy and that perhaps building up the muscle in his leg could help. He said he did not have any answers as to why the bone was not healing and that if there was an infection, Tank would have a fever, be vomiting or have diarrhea. He even suggested the possibility of getting a second opinion at this point.
- On August 30, 2018, Tank was examined by Dr. Kim E. Knowles, DVM, MS of Veterinary Neurological Center (4202 East Raymond Street, Phoenix, AZ 85040, 602-437-5425) who noted no neurological problems with Tank.
- On August 31, 2018, I received a call from Dr. Savicky stating that after reviewing Tank's last x-ray, the radiologist said that Tank could possibly have a left medial collateral tear and asked if I could bring Tank by so that he could examine him. I was also informed that this is a very hard ligament to damage, as you have to push from the outside of the knee in.
- In the meantime, I had scheduled an appointment for Tank to see a physical therapist (Diane Paster, DVM, BA, Bark Avenue Animal Hospital, 3109 East McKellips Road, #102, Mesa, AZ, 480-807-5524) and scheduled an appointment with another orthopedic specialist to get a second opinion on the whole matter of Tank's leg. The orthopedic specialist is Dr. Ross Lirtzman, DVM,

DACVS of Arizona Canine Orthopedics and Sports Medicine, 7410 East Pinnacle Peak Road, Suite 110, Scottsdale, Arizona 85255, 480-998-5999.

- On September 5, 2018, I took Tank back to see Dr. Savicky to examine his leg in regards to the radiologist's comments. It was at this appointment that Dr. Monarksi at VCA also examined Tank. After examining Tank, Dr. Savicky still could not determine what was going on with Tank's leg. It was recommended that we wait another month and do x-rays again to see how much the bone had healed. The plan at that point was to start some light physical therapy and once the bone was healed, they would do surgery, opening up the incision so that they could see what exactly was going on with Tank's leg and what needed to be done to stabilize everything. This was my last appointment with Dr. Savicky as I decided to switch Tank's care over to Dr. Lirtzman.
- On September 10, 2018, I took Tank for his physical therapy appointment with Dr. Paster. I had purchased a package for 4 weeks of therapy and an Assisi Loop recommended by Dr. Paster. Tank had a laser treatment when we were there and they put him on the water treadmill with a few inches of water for a few minutes to see how he would react to it.
- September 12, 2018 was Tank's first appointment with the new orthopedic specialist, Dr. Lirtzman. As I was getting ready to leave the house to take Tank to his appointment, his incision starting oozing and bleeding out the bottom of the incision. Since we were at Dr. Lirtzman's office, they performed a culture and started him on antibiotics immediately for the infection in his leg. Dr. Lirtzman did a thorough exam of Tank and his records and x-rays from VCA.
- Some of the concerns Dr. Lirtzman noted was that the amount of damage Tank had with his leg commenting that it had to be done during the surgery. Tank has no stability in his knee from side to side. It was also concerning to him that the length of Tank's incision was rather small for a TPLO surgery. He informed me that the meniscus is close to the medial collateral ligament, which I believe Dr. Savicky damaged while removing Tank's meniscus. Plan was to bring Tank back in one-month and take x-rays to see how bone was healing. Dr. Lirtzman said he would not have Tank do physical therapy at this point so I canceled Tank's therapy appointments.
- Saturday, September 15, 2018, being extremely concerned about Tank's leg, I was considering getting a third opinion and started calling veterinary offices and hospitals that were open on the weekend to see if they had an orthopedic specialist on staff that could examine Tank. In doing so, I was able to track down Dr. William Linney (performed Tank's TPLO in 2016) through Scottsdale Veterinary Hospital (7311 East Thomas Road, Scottsdale, AZ 85251, 480-945-8484). I was informed that he did consultations at their practice on Thursdays and asked for his phone number. I called and left a message for Dr. Linney.
- On Sunday, September 16, 2018, I received a call back from Dr. Lauren Young, DVM (I believe this is Dr. Linney's wife) who said that Dr. Linney would be at Desert Ark Veterinary Hospital (10865 West Indian School Road, Avondale, AZ 85392, 623-877-1088) the next day and could examine Tank at 10 am on Monday morning, 9/17/18 if I would like to bring him in. When I arrived at Desert Ark Veterinary Hospital, they did not have an appointment for us in the books but as soon as Dr. Linney arrived, he took Tank in the back and examined him. He did not have the records from VCA to review nor was he aware of my consultation with Dr. Lirtzman at the time of his examination with Tank. After examining Tank, Dr. Linney also believed that the amount of damage Tank has with his leg could only have been done during the surgery.
- On October 15, 2018, Tank saw Dr. Lirtzman again. X-rays still showed bone had not healed completely. Started him on another month of antibiotics. Dr. Lirtzman wants to try to avoid

Tank having another surgery, if possible and suggested getting a custom brace made for Tank's leg in hopes that enough scar tissue will build up over time and start stabilizing his knee. Scheduled another appointment a month out for x-rays to check on healing of bone and contacted the gentleman for custom brace.

- November 1, 2018 took Tank to Dr. Lirtzman's office so the gentleman who will be making Tank's leg brace could measure and make the mold for Tank's brace.
- November 12, 2018 took Tank to Dr. Lirtzman's office for follow-up x-rays on bone growth. Bone is still not 100% healed but there was some noted improvement albeit slow and infection appears to be gone. I had a lengthy conversation with Dr. Lirtzman trying to understand how this could have happened. He drew pictures and used a model explaining once again his thoughts on what he thought could have happened to Tank's leg. I followed-up on the custom brace for Tank. Gentleman making brace said it should be done by the end of the week or the beginning of the week of November 19, 2018. Plan at this point is to get Tank wearing the brace ASAP in hopes that enough scar tissue will build up over time to stabilize his knee from shifting from side to side. Because of the extensive damage that was done to Tank's knee, it is Dr. Lirtzman's goal is to get Tank to a point where he is "good enough" because unfortunately, he will never be any better than that at this point.
- November 16, 2016 received called from the gentleman making Tank's brace. It will be ready on Tuesday, 9/20/18. We have an appointment with him on 9/20/18 so I can pick up Tank's brace and he can dial in the fitting of the brace for Tank's.

- I reached out to VCA in regards to my concerns about the care that Tank received. All my conversations were with their office manager, Katherine. She said that she would pull Tank's records and get with Dr. Savicky and their Medical Director, Dr. Monarski. Katherine called me back after meeting with the Drs stating that they were confused on what it was that I was seeking from them whether it was assistance with Tank's continued care or financial assistance.
- I told Katherine that I did not feel comfortable bringing Tank back there for additional care and that I had lost confidence in Dr. Savicky trying to help Tank's leg get better. I feel like I took Tank in to have one issue fixed and another issue was created in the process, which I am still working on trying to get Tank better from so I told her, yes, I guess it is financial assistance that I am seeking at this time. She said that she would go back to Dr. Monarski and get back with me.
- On November 2, 2018, Katherine called me to inform me that it was their opinion that the issues Tank has had and is having with his leg was due to me giving him too much activity during his recovery period and that I could bring him back for further care. I told her that I did not believe that was the case considering that this was Tank's second TPLO surgery and I knew what to expect and what to do for my dog. I told her that I truly believed Dr. Savicky damaged Tank's medial collateral ligament when he removed his meniscus and that I was going to have to file a complaint and let the Veterinary Medical Board do an investigation.
- As far as financial assistance, I had asked about being reimbursed for the expenses that I am continuing to have to pay as I am still working on trying to get Tank's leg better. She said that she would go back to Dr. Monarski and get back with me but I have never heard from VCA again regarding this matter.

Below are some additional thoughts or questions that have run through my mind

- I am really having a hard time understanding why Dr. Savicky would remove Tank's meniscus when the report says it was "normal". What happens when the meniscus is removed?
- In addition, when I look at Tank's x-rays, his leg looks normal before surgery and worse after the surgery.
- When I picked Tank up he just had a bandage over the incision but with Tank's TPLO surgery in 2016, he came home with a "soft cast" covering his whole leg from his foot up to the top of his thigh. What is common practice? Should a dog have some kind of leg brace/support after a TPLO? Since Dr. Savicky also removed the meniscus, would it have been in Tank's best interest to have some support for his leg when he came home versus just the bandage on his incision?
- It has been 5 months now and the bone is not completely healed. Is it possible that the bones could have been placed too far apart to begin with?
- My poor dog has been suffering for five months now and continues to suffer. I hope the brace works for Tank...

19-39

VCA Animal Referral & Emergency Center of Arizona
1648 N. Country Club Drive
Mesa, AZ 85201
Tel: (480) 898-0001
Fax: (480) 898-3111

December 4th, 2018

Veterinary Medical Examining Board:

Please accept this case summary in response to case inquiry 19-39 In Re: Roman Savicky, DVM

June 19th, 2019:
I first examined "Tank" Woods on June 19th, 2018. The history given by the owner (Sherry Woods) explained that Tank had injured his left hindlimb (HL) playing. Tank had been sedated by his primary care veterinarian the day after the injury where he was suspected to have torn his cranial cruciate ligament (CCL). He was prescribed Rimadyl and Gabapentin and referred for a surgical consult. At the time of the consult it was stated that he had not received the Gabapentin yet. The owner also revealed that Tank had torn his right CCL and had tibial plateau leveling osteotomy (TPLO) surgery about 2 years earlier and that it needed to be removed due to an infection 2 months after surgery.

Exam findings revealed a non-weight bearing lameness (NWBL) to toe touching lameness in the left hindlimb along with cranial drawer, tibial thrust, and pain on extension of the left stifle. The left stifle had severe effusion noted as well. From the history and exam findings we diagnosed Tank with a left CCL tear.

We discussed CCL injury and surgical repair for Tank. We recommended the TPLO procedure. As a standard we discussed at home care in detail. This included 8-12 weeks of activity restrictions with slow increases over time. Activity restrictions were clearly defined as kennel confinement for the first 2 weeks. Tank can be taken outside on a leash and sling for bathroom breaks only, no leisure walks or freedom in the house/outside, or off leash activity is allowed. The owner was instructed to take Tank outside on a leash and sling for bathroom breaks only and then brought inside and confined to the kennel. It was clearly stated that no running, jumping, playing, couches, stairs, beds, off leash activity is allowed. From weeks 2-4 we allow 5 minute leash walks after bathroom breaks 2-3 times a day. There is still no running, jumping, playing, couches, stairs, bed, or off leash activity allowed. From weeks 4-8 we increase leash walks to 15 minutes 2-3 times a day after bathroom breaks but again, no running, jumping, playing, couches, stairs, beds, or unsupervised off leash activity is allowed. At this time we do start to allow freedom in the house but the owner was instructed that Tank must be under direct supervision and still not allowed to be active (no running, jumping, playing…). If he was too active, he

was to be placed back in confinement. After 8 weeks, we take radiographs and then at that time we slowly build back to normal activity over another 3-4 weeks.

The owner stated that they remembered all of the confinement requirements as they had the TPLO performed on the right stifle as well. At that time I recall discussing my concern for infection in Tank due to his previous implant removal/infection. Some of the complications discussed include infection, seroma, and implant failure. I also recommended preoperative blood work and thoracic radiographs prior to anesthesia. The owner understood the procedure and postoperative care and elected to proceed with surgery that day.

After preoperative diagnostics, we took Tank to surgery later that day. I performed a mini-arthrotomy and confirmed a torn CCL. The CCL ends were debrided. The medial meniscus was normal in appearance and palpation, however there appeared to be more laxity in the joint than expected. I was concerned that Tank would injure/tear the meniscus at a later time so I elected to perform a prophylactic medial meniscectomy. The medial meniscus was removed without any issues or injury to the collateral ligament. I then performed the TPLO procedure as standardly described. The procedure went well and the incision closed routinely. There were no intraoperative issues or complications and there was good stability and ROM of the stifle at the time of closure. Radiographs were taken that confirmed good rotation of the tibial plateau as well as placement of the implants. The cranial caudal view of the stifle confirmed good joint alignment with no opening of the medial compartment which could suggest collateral ligament injury. Tank was taken to recovery in stable condition and recovered uneventfully.

Tank was hospitalized overnight with routine postoperative care. The following morning he was examined and noted to be weight bearing lame (which is slightly improved from preoperative), no excessive joint laxity or pain was noted. He was transitioned to oral medications and discharged later that day.

The owners were given detailed discharge instructions which were reviewed at the time of discharge. The discharge instructions have a clear section entitled "Activity Restrictions". The instructions clearly state multiple times and in bold that Tank should "not be allowed to run, jump, play, use stair, or jump on couches or beds for the next 2-3 months". The instructions then review activity restrictions on a week by week basis for added clarity. The owner signed the discharge confirming they were reviewed, they understand the instructions, and no further questions were had.

June 23rd, 2018:
Follow up phone call from staff – Owner reported that Tank was doing well, eating/drinking normally, no report of lameness.

June 24th, 2018:
Tank was seen through the ER Service due to the incisional wound cover/bandage peeling off. The cover was removed and Tank was sent home. At that time it was stated that Tank was doing well at home with no issues reported.

June 26th, 2018:
Follow up phone call from staff – Left message checking up on Tank.

June 27th, 2018:
Follow up phone call from staff – Left message checking up on Tank.

July 2nd, 2018:
Tank was seen for his 2 week recheck and suture removal. The owner reported that Tank was doing great up until the day prior when he was allowed to be more active than directed and became lame. He also developed a seroma over the last day. We discussed that allowing him to be active is not recommended and that as per his instructions and as we discussed he needed to be confined for 8 week with no off leash activity or running, jumping, playing....We discussed that any increase in activity can easily breakdown the repair or cause additional injuries. The owner understood that they needed to confine Tank better.

On exam finding Tank was ambulatory with moderate HL lameness. He was not painful on palpation of the surgery site however and there was moderate effusion along the incisional line. No discharge or wound was noted at that time.

We removed the sutures and discussed strictly confining Tank for another 3 days or so to allow any inflammation to resolve due to his increased activity. If his lameness improved then we can start him back on the rehabilitation schedule as previously directed. We recommended continuing the warm compresses for 3-5 days to help with the incisional swelling/seroma. We also sent home antibiotics just to be safe as well as another round of anti-inflammatory drugs for pain and inflammation control. The owner left understanding instructions and our recheck plan.

August 2nd, 2018:
Tank was brought in at 6 weeks after surgery (about 2 weeks earlier than recommended). He was reported to be going on shorter walks due to the heat. Exam findings revealed an improved but continued lameness with no pain on palpation or ROM of the surgery site. The seroma had resolved as well.

When the owner was questioned about Tanks progress it was reported that he was improving but still had a limp. The owner also reported that in addition to his increased activity and continuing not to confine Tank at home, he was also allowed to be outside

off leash without any supervision. We discussed that this was not what was discussed or recommended and that without direct supervision and being under direct control it only takes one event, one slip, fall, bird, squirrel, mailman…to cause a serious injury. We discussed that he could have easily injured himself when he was allowed to be free in the house or outside unsupervised. The owner noted that Tank is a good dog and they were not worried about him doing anything too active, however they understood that they needed to confine him better.

At this time we discussed that since Tank was being allowed to be more active than recommended and our exam did not reveal any obvious issues, we are suspecting that he was just overdoing it and needed to be better confined better. However due to the degree of unsupervised activity I recommended radiographs to make sure the surgery site did not breakdown. Radiographs did not reveal any issues with the implants or TPLO site. The radiographs were interpreted by a board certified Radiologist that also did not identify any concerns with the surgery site. The Radiologist did make a note about increased effusion that could be explained by the lack of proper confinement. We discussed with the owner that the surgery site appears stable, however the increased effusion and patellar tendonitis are likely from the increased activity.

We again reviewed the importance of at home care and confinement. We restarted an NSAID and we told the owner to recheck in 1 month for radiographs, sooner if we are not improving. We also discussed changing NSAIDs to Galliprant from Rimadyl to see if it would help. Discussed that would have to washout Rimadyl for a few days before staring Galliprant.

August 14th, 2018:
Owner call – Tank reported to have finished Rimadyl and owner inquired about starting on Galliprant from our last discussion to see if that would help. Owner had questions about bandaging limb.

August 29th, 2018:
Tank was brought in for his 2 month postoperative recheck. He was reported to be doing ok at home but still limping on the limb. Exam findings revealed that Tank was ambulatory with continued mild to moderate lameness. His lameness however appeared to be more neurologic with an ataxic gait at this exam as both HLs seemed affected. There was no pain when the limb was placed through a range of motion but there was questionable pain over the surgery site on palpation. I performed a neurologic exam at this time which was normal other than the strange ataxic gait.

I discussed with the owner that Tank appears slightly improved however he is still limping and now appears ataxic with his right HL also seeming abnormal on exam. Since his last exam we had changed NSAIDs to Galliprant from Rimadyl to see if there was any improvement. The owner noted that he did seem better on the Galliprant.

We took standard 2 month recheck radiographs. At this time we still saw an osteotomy line and the implants and surgery site were unchanged. We discussed radiograph findings and that it appeared as though Tank is having a delayed healing as his osteotomy is still more visible than expected. This could be explained by his previous lack of proper confinement but I wanted to be thorough and not ignore his exam findings. We discussed possible reasons for lameness after TPLO surgery including a delayed meniscal tear even though we removed his meniscus. He could tear the lateral side or the remaining rim of the meniscus left behind. We also discussed Tank's ataxic gait and although my neurologic exam was normal, I did not want to miss another disease that could have developed. We offered a neurology consultation to have a Neurologist perform an exam and evaluate Tank to confirm my findings and remove a neurologic disease/condition from the list of possible causes for his lameness. Another option or in addition to would be to consider a consult with a Physical Therapist for them to evaluate Tank and see if he could benefit from any PT. We also offered arthroscopy to evaluate the stifle and check for any injuries to the meniscus or other structures that could explain the lameness. If the owners elected this route I recommended that we may consider implant removal as well as culture to make sure Tank was not having a reaction to the implants or harboring an infection as he had a history of implant infection and implant removal from this right TPLO.

Ultimately the owner was understandably trying to avoid an additional surgery (arthroscopy) so it was elected to pursue a Neurology consult first. If the Neurologist confirmed my findings of a normal exam, then we would then consult with a Physical Therapist to get their opinion on rehabilitation. If PT was thought to help, then I would pursue ~1 month of PT to see if that would help improve his lameness. I recommended a recheck in 1 month for radiographs to evaluate healing. Pain medications were recommended but declined by the owner.

I discussed with the owner that I want the best for Tank but because of these new findings on exam I want to make sure we were not missing something new or something that was brewing for the last few months. We discussed that sometimes it is easy to focus on the usual problems and miss a totally unrelated problem such as a neurologic disease. The owner understood and agreed and seemed appreciative of the thoroughness of my exam and treatment options.

September 4th, 2018:
I called to get an update about Tank from the owner. The owner reported that Tank was about the same and that the Neurologist agreed and did not see any neurologic abnormalities. We discussed the radiology report from the previous radiographs and that the Radiologist noted a possible medial collateral ligament injury. I recommended that Tank be dropped off for us to evaluate the stifle further +/- under sedation.

September 5th, 2018:
Tank was dropped off for further evaluation of his continued lameness as well as joint evaluation for possible medial collateral ligament injury. There was no change in his exam findings from the week prior.

Tank was evaluated by myself and my partner Christopher Monarski, DVM, DAVS-SA. Based on the radiographs taken the week prior the Radiologist noted a possible medial collateral ligament injury. We both evaluated Tank and noted that there did seem to be some increased laxity in the medial compartment compared to the other stifle. There was still stability noted so we did not feel there was a complete tear but possibly a strain/sprain or stretching of the collateral ligament.

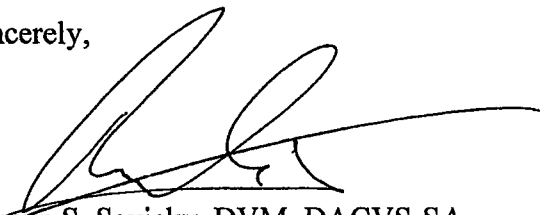
We discussed our findings and available options including explore of the stifle and confirmation of the injury. At that time we would reinforce the ligament with a prosthetic ligament repair. At the same time we could place a lateral suture to help further stabilize the stifle due to Tank having a pivot shift. We again discussed removal of the bone plate with culture to eliminate infection as a possible etiology.

Unfortunately due to Tank's delayed healing I did not think implant removal was a good idea as I would be worried that the repair would totally collapse without the implants. I recommended waiting another month and to recheck radiographs again to see if the bone had healed enough to remove the implants. Light PT could be considered to maintain muscle mass but I would still limit/restrict running, jumping, playing… as before.

I again discussed with the owner that I wanted what was best for Tank. I had my partner evaluate Tank that day and we offered further evaluation from a Neurologist and PT to make sure I was not missing anything else. I also offered a second opinion with another Surgeon away from our facility if they felt they needed that to again make sure there was nothing else going on. I told the owner I would not be offended with a second opinion as I want what was best for Tank.

This was the last contact I had with the owners. Last I had spoke with the owners they understood that we suspected that Tank had injured his collateral ligament to some degree and we would recommend explore and repair as needed. They were ok with our game plan and did not raise any concerns about the quality of care Tank had received.

Sincerely,



Roman S. Savicky, DVM, DACVS-SA

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - ***Absent***
Amrit Rai, D.V.M.
Adam Almaraz – ***Acting Chair***
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, Investigations
Michael Raine, Assistant Attorney General
Victoria Whitmore, Executive Director

RE: Case: 19-39
Complainant(s): Sherry Woods
Respondent(s): Roman Savicky, DVM (License: 6479)

SUMMARY:
Complaint Received at Board Office: 11/19/18
Committee Discussion: 2/5/19
Board IIR: 3/20/19

APPLICABLE STATUTES AND RULES:
Laws as Amended April 2018 (Green); Rules as Revised September 2013 (Yellow)

On June 19, 2018, "Tank," a 7-year-old male Old English Bulldog was presented to Respondent on referral for evaluation of a torn cranial cruciate ligament. A TPLO and prophylactic medial meniscectomy were performed. The dog was discharged the following day with detailed instructions for post-surgical care including strict confinement.

The dog slowly healed but continued to limp. Respondent was concerned that Complainant was not adhering to the strict limitations of the dog's activity.

On August 29, 2018, since the dog continued to remain lame, Respondent recommended a neurologist evaluation and possibly physical therapy. Neurology exam was negative.

On September 5, 2018, Respondent re-evaluated the dog and medial collateral ligament injury was suspected. Recommendations for treatment were made. Complainant elected to seek a second opinion.

On September 12, 2018, the dog was presented to Arizona Canine Orthopedics & Sports Medicine for a second opinion. After exam, medial collateral ligament incompetence was thought to be likely cause of the dog's continued lameness.

Complainant was noticed and appeared.
Respondent was noticed and appeared telephonically. Hospital Manager, Katherine Vasquez, appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sherry Woods*
- Respondent(s) narrative/medical record: *Roman Savicky, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Laura Sosnow, DVM; Kim Knowles, DVM; Diane Paster, DVM; Ross Lirtzman, DVM; and William Linney, DVM.*

PROPOSED 'FINDINGS of FACT':

1. On June 15, 2018, the dog was presented to Dr. Sosnow at Phoenix/Dog/Cat/Bird Hosptial for left rear leg lameness. The dog had previously had a TPLO surgery on the right rear leg. Dr. Sosnow suspected the dog had ruptured his cranial cruciate ligament (CCL) on the left leg. She examined the dog, performed radiographs under sedation and determined the dog did rupture his CCL on the left leg; referral for surgery was made and Gabapentin dispensed.

2. On June 19, 2018, the dog was presented to Respondent for evaluation and possible surgery. Complainant reported that the dog previously had right TPLO surgery – implants were removed 8 weeks later due to recurrent lameness; issues resolved after implant removal. Upon exam, the dog had a weight = 63.93 pounds, a temperature = 100.7 degrees, a heart rate = 130bpm and a respiration rate = 100rpm (panting). The dog was toe touching to non-weight bearing lame on left hind leg, had cranial tibial drawer, cranial tibial thrust, and discomfort on extension. There was also severe left stifle effusion -- the patella palpated in place; right hind leg was stable.

3. Based on his findings, Respondent recommended TPLO surgery due to left cranial cruciate ligament rupture; pre-surgical blood work and radiographs were also recommended due to the dog's age. Blood work revealed a slightly elevated ALP. Thoracic radiographs showed a moderate increased broncho-interstitial pattern consistent with chronic changes commonly seen in this age and breed of dog. Left stifle radiographs revealed increased soft tissue opacity /effusion, periarticular osteoarthritis, cranial tibial displacement.

4. An IV catheter was placed and Plasmalyte was initiated. The dog was pre-medicated, induced and taken to surgery; a routine left stifle arthrotomy was performed and a complete left cranial cruciate ligament rupture was diagnosed. The medial meniscus was intact, however there was a large degree of motion, subluxation to the joint, so Respondent elected to remove the meniscus prophylactically. A medial meniscectomy and left TPLO were performed without complications. Post-surgical radiographs showed good placement of implants and rotation of the plateau. The dog recovered and was hospitalized for supportive care overnight.

5. The following day, Respondent examined the dog and noted weight bearing lameness on the left hind leg, non-painful on palpation. The incision had mild peri-incisional erythema and edema but no discharge. The dog was discharged later that day with instructions to continue Metronidazole, Gabapentin, Carprofen (unless diarrhea continues), Apoquel and Prozac. The dog was dispensed Clavamox and Pantoprazole. Respondent gave detailed activity restrictions for the dog to ensure adequate healing. Rechecks were recommended in 10 -14 days and 2 months post-op.

6. On July 2, 2018, the dog was presented to Respondent for a recheck. Complainant reported that the dog was doing well but did over exert himself the previous day therefore was limping more than usual. Upon exam, the dog had a weight = 33.1kg, a temperature = 101 degrees, a heart rate= 128bpm and a respiration rate = 20rpm. Respondent noted that the incision was healed. There was moderate hind limb lameness, no pain on palpation or range of motion of surgery site and moderate effusion along incision line but no drainage. Seroma developed after increased activity.

7. Respondent removed the sutures and instructed Complainant to return in 6 weeks for radiographs. Complainant was to continue activity restrictions for 2 – 3 more days to improve lameness and then could increase walk time. Respondent recommended warm compresses for 3 – 5 days to help with the incisional swelling/seroma. Clavamox and Rimadyl were continued.

8. On August 2, 2018, the dog was presented to Respondent for a recheck. Complainant reported the dog had been allowed outside for bathroom breaks unsupervised and was not confined at home either. She reported that the dog was not very active and had not been seen running, jumping, playing etc. Upon exam, the dog had a weight = 30.8kg, a temperature = 101.3 degrees, a heart rate = 100bpm and a respiratory rate = panting. Respondent noted that the dog had a mild to moderate left hind limb lameness. There was no pain on palpation or range of motion of surgery site; seroma had resolved.

9. Respondent discussed with Complainant that the dog should not be allowed outside unsupervised as he may injure himself without anyone knowing. The dog could be free in the home if supervised and not overactive – otherwise he needs to be confined. Respondent was hopeful that the lameness was due to excessive activity and recommended radiographs to make sure there were no implant complications. Complainant agreed.

10. Radiographs revealed a healing osteotomy but slightly wider, implants ok. There was moderate stifle effusion and patellar tendonitis. Respondent relayed to Complainant that the wider osteotomy could be a normal part of healing or due to too much activity. There was inflammation in the joint and patellar tendon that could be causing the lameness as well. Respondent advised restarting the NSAID and rechecking in one month or sooner if issues arose.

11. Complainant noticed that the dog was not healing like he did with the previous right leg TPLO. Although he was starting put weight on the leg it appeared as if there was something else going on; the lower part of the dog's leg was curved out.

12. On August 29, 2018, the dog was presented to Respondent for a recheck. Complainant reported that the dog was still limping on the leg. Upon exam, the dog had a weight = 32kg, a temperature = 101.8 degrees, a heart rate = 110bpm and a respiration rate = panting. Respondent noted the dog had mild to moderate left hind limb lameness, close to ataxic gait as both hind limbs were affected. No pain of spinal palpation or on cervical range of motion. Repeat radiographs were recommended and approved.

13. Radiographs revealed delayed healing osteotomy – osteotomy line still visible; implants ok, no change in plateau angle. Respondent discussed with Complainant that there was delayed

healing with typical concerns for lameness after TPLO surgery were: Implant failure, infection, meniscal injury or implant rejection. On radiograph it appeared that the implants were stable and he did not see evidence of infection. A meniscectomy was performed at the time of surgery but it was possible that another tear happened in the medial meniscus or even the lateral meniscus.

14. Respondent commented that a neurology consult could be considered and if normal, referral to physical therapy center would be suggested. If neither of those identified a problem, arthroscopy of the joint to evaluate the menisci as well as implant removal and culture could be considered. The dog was discharged with contact information for neurology and physical therapy consult; recheck in one month for radiographs and evaluation of healing.

15. On August 30, 2018, the dog was presented to Dr. Knowles, a neurologist at Veterinary Neurology Center, for evaluation. Dr. Knowles evaluated the dog and stated that she did not detect neurological deficits on her exam and believed the cause of the continued left pelvic limb lameness was related to the left stifle. Recommendations to pursue physical therapy seemed appropriate and if clinical signs persisted, move forward with arthroscopy of the joint, culture the joint and possible implant removal. Dr. Knowles also recommended Complainant to consider a second opinion from an orthopedic surgeon.

16. On September 4, 2018, Respondent spoke with Complainant to discuss the dog's status. Complainant reported that the neurologist did not see any abnormalities. Respondent advised that the radiology report from the previous radiographs noted a possible medial collateral ligament injury and recommended the dog be dropped off to have the stifle evaluated.

17. On September 5, 2018, the dog was presented to Respondent for evaluation of the continued lameness as well as joint evaluation for possible medial collateral ligament injury. Upon exam, the dog had a weight = 31.6kg, a temperature = 101.6 degrees, a heart rate = 96bpm and a respiration rate = panting. Respondent noted a mild medial stifle instability and pivot shift.

18. Respondent and his associate, Dr. Monarski, evaluated the dog's knee to see if they could appreciate any medial collateral ligament instability. The dog did have some instability but was not very clear; the ligament may have been strained/stretched. Respondent discussed the findings and options with Complainant which included reinforcement of the medial collateral ligament with a prosthetic ligament repair as well as placement of a lateral suture for added stability. He would also consider removing the bone blade, to remove that as a possible etiology, and submitting for culture. Respondent wanted to wait another month due to delayed bone healing, repeat radiographs, and see if they would be more comfortable removing the implant. He approved light physical therapy.

19. On September 10, 2018, the dog was presented to Dr. Paster at Bark Avenue Animal Hospital for evaluation and possible physical therapy. Dr. Paster examined the dog and noted an excessive amount of medial glide of the stifle joint therefore suspected that there was some injury to the dog's medial collateral ligament.

20. The dog was treated with a Companion laser then was placed in the underwater treadmill.

Dr. Paster discussed a home exercise program with Complainant and showed her how to get the dog to do the exercises. An Assisi Loop was also discussed to speed up bone healing, which Complainant purchased. Complainant also elected to purchase a rehab package which she later cancelled after being evaluated by an orthopedic surgeon.

21. On September 12, 2018, the dog was presented to Dr. Lirtzman at Arizona Canine Orthopedics & Sports Medicine for a second opinion. He reviewed the dog's history and previously taken radiographs. Upon exam, Dr. Lirtzman identified the following:

a. Persistent, left, cranial tibial thrust wit caudal femoral subluxation following TPLO;
b. Rotational instability of the left stifle;
c. Medial stifle laxity, left, with genu valgum ("knock-knee"); and
d. Fistulous, draining tract of the distal extent of the left TPLO surgical wound/scar.

22. Dr. Lirtzman's assessments of the dog were:

a. Persistent, left, stifle instability following TPLO characterized by cranial tibial thrust, caudal femoral subluxation and internal tibial rotation;
b. Delayed union of the left, proximal tibial crescentic osteotomy;
c. Left TPLO surgical site infection; and
d. Severe, left, medial stifle instability consistent with medial collateral ligament incompetence.

23. A deep culture of the fistulous tract was obtained. The culture revealed two bacterial isolates; staphylococcus aureus and pseudomonas aeruginosa. Enrofloxacin was prescribed. Dr. Lirtzman commented that spontaneous medial stifle instability has not been previously described as a complication of TPLO. He believed that medial collateral ligament incompetence was likely and possible causes of iatrogenic medial collateral ligament damage at the time of surgery may include:

a. Associated with caudomedial arthrotomy;
b. During open medial meniscectom;
c. Iatrogenic damage to the MCL during the approach to the proximal aspect of the medial tibia;
d. Due to multiple perforations of the MCL during insertion of the proximal jig pin; or
e. Trauma during plate application.

24. On September 17, 2018, the dog was presented to Dr. Linney at Desert Ark Veterinary Hospital for an orthopedic evaluation. Dr. Linney examined the dog and noted evidence of a draining tract over the area of the TPLO plate. Manipulation of the stifle revealed that there was still some moderate cranial tibial thrust. The stifle had moderate effusion palpable along with peri-articular soft tissue swelling and fibrosis.

25. Dr. Linney's assessment was that the dog developed an infection around the TPLO plate after the second surgery. Although long term antibiotics could be attempted, removal of the plate and screws would be the only way to eliminate this type of infection. The implants could cause discomfort due to the infection contributing to the continued lameness. Dr. Linney felt there appeared to be continued instability; following plate removal, time to recover and clear infection, extra-capsular stabilization may be necessary to provide additional stability to the affected joint.

26. On October 15, 2018, the dog was presented to Dr. Lirtzman for a recheck. Upon exam, Dr. Lirtzman noted that there was improvement to the surgical site infection, improved bone healing and persistent left pelvic limb lameness and apparent worsening of the medial stifle instability.

27. On November 12, 2018, the dog was presented to Dr. Lirtzman for re-evaluation. It was noted that there was resolution in the surgical site infection, slow improvement in bone healing and persistent left pelvic limb lameness with worsening of the medial stifle instability.

28. Complainant purchased a custom brace for the dog's leg to help keep the dog's knee from shifting from side to side; with the build of scar tissue over time, the dog's leg could stabilize. The dog may need medial stifle stabilization surgery in the future.

COMMITTEE DISCUSSION:

The Committee discussed that they had concerns that a prophylactic medial meniscectomy was performed by Respondent. There was no tear, partial tear, etc. of the meniscus and yet it was removed. The Committee had concerns that it could have contributed to the ongoing problems and the continued joint instability of the stifle and medial laxity.

The Committee did not feel the antibiotic protocol had any impact on the dog and the healing.

The Committee commented that they had concerns that Apoquel was continued even when there were obvious complications. Reports have been coming out there the medication could impact healing.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (12) as it relates to R3-11-501 (1) failure to provide professionally acceptable procedures for performing a prophylactic medial meniscectomy on the dog.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.